

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SAC	69861	7/6
O.I.P.E. CLASSIFIER	I		7/9/99
FORMALITY REVIEW	WOSM		7-15-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	(0 16 11
5. 9 0 6	9 0 2
6. 12 0 2	
1. (1) ✓ ✓ = >	
2. 2 ✓ ✓	
3. 3 ✓ ✓	
4. 4 0 ✓	
5. 5 0 ✓	
6. 8 0 ✓	
7. 7 ✓ ✓	
8. (8) ✓ ✓	
9. 9 0 ✓	
10. 10 N N	
11. (11) ✓ ✓	
12. 12 ✓ ✓	
13. 13 ✓ ✓	
14. 14 ✓ ✓	
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17. 17 0 0	
18. 0 ✓	
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20. 20 N N	
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22. 22 ✓ ✓	
23. 23 N N	
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If more than 150 claims or 10 actions  
staple additional sheet here

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DEPARTMENT OF DEFENSE